



ARMY FEE ASSISTANCE

Recertification Checklist for Department of Army Civilians

_____ Printed name of qualifying Army Sponsor

Assigned Army Post/Garrison: _____

If duty station is not on the Garrison, please provide place of duty: _____

Sponsor/Family Documents:

_____ **Fee Assistance Family Application – Army 2014-01**

_____ Copy of your most recent Leave & Earnings Statement (LES)

_____ Copy of your most recent Federal Tax Return Form 1040

_____ Copy of your current **SF50 or DA Form 3434**

_____ Copy of the spouse/partner, to include unmarried legal parents/partners, most recent pay statement(s) or school schedule that reflect the following:

Full Time AFA:

- The past 4 consecutive weeks of employment that reflect an average of 25 hours or more per week
- Enrolled in 12 credit hours or more of undergraduate school
- Enrolled in 9 credit hours or more of graduate school

Part Time AFA:

- The past 4 consecutive weeks of employment that reflect a minimum of 16 and less than 25 hours per week
- Enrolled in 6 - 11 credit hours or more of undergraduate school
- Enrolled in 3 – 8 credit hours or more of graduate school

_____ **Certification for Seeking Employment or Enrolling in School – Army Form 2010-04 (if applicable)**

_____ Copy of your spouse/partner, to include unmarried legal parents/partners, most recent Federal Tax Return Form 1040, if applicable.

Child Care Provider Information

- My child/children will continue to use the provider currently on file with the GSA: Yes _____ No _____

Provider must complete and return directly to you the U.S. Army Family Enrollment Provider Cost Verification Form CC 2014-06 for your submission to the GSA to complete your Recertification.

- My child/children will be changing child care providers effective on the following date: _____

Provider must complete and return directly to you the U.S. Army Family Enrollment Provider Cost Verification Form CC 2014-06 for your submission to the GSA to complete your Recertification. Please note that if the provider is currently not participating in the GSA Child Care Program, they must apply and become an approved provider prior to your Recertification action being processed

The forms and documents listed above are required for a standard application. Please note that your situation and application may require additional documents and/or information.

Fax: (816) 823-5410

Scan and email to: armychildcare.recertification@gsa.gov

GSA Subsidy Administration Section
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 • Fax: (816) 823-5410
armychildcare.recertification@gsa.gov
Army 2012-06B

**Army Fee Assistance Sponsor/Family Application****Annual Recertification for Army Fee Assistance (AFA)**

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian		
Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)	
	Work telephone number	
Home Address (Include street, city, state and zip code)	Home email address	
	Alternate phone number	
Army Sponsor Status: _____ Single _____ Couple _____ Separated _____ Married _____ Divorced		
Power of Attorney (POA) Name:		
POA Email:	POA telephone number:	
Eligibility Status of Army Sponsor, check all that apply and provide your Unit/Command:		
<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> Activated	
<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Deployed	
<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> DA Civilian	
<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)	
<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations	
<input type="checkbox"/> Recruiter	Unit Command: _____	
Section II - Spouse / Partner		
Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): _____ Employed _____ Student	
Employer	College/University	
Number of hours worked per week:	Enrollment/Semester start date:	
If federally employed, provide Grade/Rank:	Number of credit hours: _____ Graduate _____ Undergraduate	
Section III - Child Information		
List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child		
Name of Child	Name of child care provider	
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):	
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No		
*If No, please provide an explanation, location and with whom the child resides:		
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care		
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No		
*If yes, please provide source: _____ Amount of other subsidy: \$ _____		

**Army Fee Assistance Sponsor/Family Application - Page 2****Section III - Child Information - Continued**

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

Section IV - Certification of Army Sponsor or Power of Attorney (POA)

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal employment.

By virtue of their relationship to the U. S. Army Sponsor (biological, adoption, step child(ren), legal guardian, or other relationship which authorizes eligibility) the children listed in this AFA application are eligible to participate in Army sponsored child and youth programs. Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I understand the AFA program is NOT an entitlement, and is subject to the availability of funds, which may discontinued at anytime.

DISCLAIMER: Community-based child care businesses, child and youth organizations and school districts follow state requirements for employee background screening. State requirements may not be as stringent as background screening requirements for child and youth programs located on Army installations. Parents may want to inquire about background check requirements for programs in which their children participate.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor

Date of Certification (MM/DD/YYYY)

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.



ARMY FEE ASSISTANCE

Certification for Seeking Employment or Enrolling in School

Army Fee Assistance (AFA) for child care is authorized for up to 90 days to allow a spouse/partner to look for employment or enroll in school. This Certification Statement must be completed and signed by the Sponsor and their spouse/partner in order to qualify for, or continue to qualify for, Fee Assistance.

Certification Statement

I _____ certify that
Printed name of qualifying Army Sponsor

_____ is currently seeking employment or will be enrolling in.

Printed name of spouse/partner

school due to his/her final day of employment/school attendance on record with the GSA of _____.
Mark below, as applicable.

_____ My child/children is/are currently enrolled in full time care

_____ My child /children is/are currently enrolled in part time care

_____ My child/children will be enrolled in full time care

_____ My child/children will be enrolled in part time care

_____ I will not need child care for my child/children during this period and my

child/children's last day of attendance will be _____.
Enter final date that child care benefits are to be paid

I will notify the GSA Subsidy Administration Section in writing to report the start date of employment and/or school enrollment date. I will provide a copy of pay stubs or student school schedule to the GSA to ensure that the number of hours worked or enrolled in school meets the minimum requirement as set forth by the AFA guidelines.

I understand that after 90 days my Fee Assistance will be discontinued if my spouse/partner does not find employment or enroll in school and provide required pay documents or a valid student school schedule to the GSA Subsidy Administration Section.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

Signature of qualifying Sponsor

Date

Spouse/Partner's Signature

Date

Note to applicants: Fee assistance is retroactive from the date your application is received at the GSA Subsidy Administration Section pending receipt of all required documents. If supporting documents are not received within 90 days of application, a new application will need to be filed in order to establish a new Fee Assistance start date.





U.S. Army Family Enrollment Provider Cost Verification Form

Provider Name: _____

Vendor # _____ Email: _____

Phone # _____ Fax # _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Remit to Address: _____

City: _____ State: _____ Zip Code: _____

Please complete one form per child

Printed Name of Qualifying Sponsor: Last: _____ First: _____ MI: _____

Child Name: _____

Child's Enrollment Date (start date of care): _____ Date of Birth (DOB) _____

Type of Care (check all that apply): ☐ FT ☐ PT ☐ Before School Only ☐ After School Only ☐ Before and After School

☐ Summer/Holiday Full Date Rate (school aged): Daily Rate = _____ Hourly Rate = _____

Number of Days/Week: _____ Number of Hours per day/week: _____

Provide final cost after deducting all discounts:

Weekly Cost \$ _____ Monthly Cost \$ _____

Hourly \$ _____ Respite Care \$ _____

Billing Method: ☐ Calendar Month ☐ 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon _____

Does the Family qualify for or receive any other subsidies or discounts? ☐ Yes ☐ No

If yes, provide source and amount: Source: _____ Amount: _____

Other Applicable Fees: ☐ Registration Fee (note: \$150 maximum may be paid on behalf of each child per provider, per year)

Total Other Fees Charged: \$ _____

Are there any future rate or attendance changes expected within next six (6) months? ☐ Yes ☐ No

If yes, explain: _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes. Any Family that is currently enrolled in your program, prior to submission of the annual rate change, those Families benefit amounts will not be recalculated until the Family completes their Annual Recertification.

GSA - Subsidy Administration Section
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armychildcare.newapplications@gsa.gov

CC 2015-01